MULTIPLE DEPENDENT CLAIM FILING DATE 10/598044 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED 1" AMENDMENT AFTER AS FILED 2 ™ AMENDMENT **AFTER** I"AMENDMENT 2 - AMENDMENT IND. DEP. IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP

TOTAL DEP

TOTAL CLAIMS

TOTAL